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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT
DURATION COUNTRY PROGRAMME**

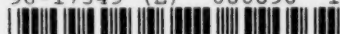
Congo

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the two-year country programme of the Congo to support activities for which the country programme is in preparation. The Executive Director recommends that the Executive Board approve the amount of \$2,000,000 from general resources, subject to the availability of funds, and \$1,200,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They are contained in the "Summary of 1966 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).



Basic data (1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.2
USMR (per 1,000 live births)	109
IMR (per 1,000 live births)	82
Underweight (% moderate and severe) (1987)	24
MMR (per 100,000 live births) (1990)	890
Literacy rate (% male/female) (1995)	83/67
Primary school enrolment (% net male/female)	/..
Primary school children reaching grade 5 (%)	72
Access to safe water (%) (1988)	38
Access to health services (%) (1985)	83
GNP per capita (dollars)	US\$ 640
One-year-olds fully immunized against:	
tuberculosis	94 per cent
diphtheria/pertussis/tetanus	79 per cent
measles	70 per cent
poliomyelitis	79 per cent
Pregnant women immunized against:	
tetanus	75 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The Congo, which has an estimated population of 2.4 million of whom 60 per cent live in urban areas, is a middle-income country by virtue of its petroleum resources; it has been going through an acute economic crisis since the 1980s in spite of the implementation of a succession of structural adjustment programmes. The country's gross national product (GNP) fell from \$1,030 to \$730 between 1992 and 1995 and its indebtedness, which represents 68 per cent of its gross domestic product, or \$3,000 per inhabitant, remains one of the highest in the region, thus restricting investment by the State in the social sectors which are supported primarily by official development assistance. The level of its human development index is comparable to that of the least developed countries of the region.

2. Certain target diseases of the expanded programme on immunization (EPI), including neonatal tetanus, poliomyelitis and measles, have declined substantially as a result of the progress of EPI. Nevertheless the infant mortality rate (IMR) remains high (80 per 1,000 live births), in particular owing to the continued structural weakness of the primary health care system. The maternal mortality rate (MMR) is also very high (890 per 100,000 live births), among the main causes being a high fertility rate, over-frequent pregnancies, the high number of induced abortions and the inadequate management of complications during pregnancy and childbirth. With respect to nutrition, the economic crisis has resulted in an upward trend in malnutrition, particularly in urban areas. Furthermore, in the north of the country, a significant proportion of the population suffers from iodine deficiency disorders. Finally, AIDS remains a major public health problem with a cumulative incidence of some 25,000 cases and a prevalence of about 80,000 persons infected with HIV and some 20,000 orphans as a result of the pandemic.

3. Access to safe water and sanitation remains generally insufficient; the indicators (52 per cent for safe water and 40 per cent for sanitation in urban areas, and 7 per cent for safe water and 9 per cent for sanitation in rural areas) put the Congo among the lowest in the world if allowance is made for the level of GNP.

4. Primary education has both quantitative and qualitative deficiencies. The gross enrolment ratio is over 100 per cent but this is due in part to the frequency of repetition of a large number of pupils. The admission capacity also lags far behind the level of demand. Lastly, children in school have difficulty in acquiring the required standard of knowledge because of overcrowded classes, underqualified teachers and the shortage of teaching materials.

5. Numerous sociological and cultural constraints continue to marginalize women and to minimize their role in the country's development process. The activities in connection with the Congo's preparation for and participation in the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women confirmed how much remains to be done with respect to recognition of the role of women. The phenomenon of street children is also on the increase, as a result of the

combined effect of the fragmentation of families in urban environments and of increasing pauperization.

6. Coverage by the modern media, particularly in rural areas, remains limited. Furthermore, access to the national press is no more than moderate because of the continuing high cost of newspapers. This situation restricts the scope for mobilization and education through the modern media and suggests the need for more effective use of interpersonal communication.

PROGRAMME COOPERATION, 1992-1996

7. The objectives of the country programme were to contribute to the reduction of: (a) IMR from 124 to 80 per 1,000 live births; (b) MMR to 525 per 100,000 live births; (c) the prevalence of underweight among pre-school-age children from 17 per cent to 12 per cent; and (d) the proportion of low birth-weight among newborns to under 10 per cent. The mid-decade objectives were added during the implementation of the programme and are used as indicators of progress towards the objectives for the year 2000.

8. A mid-term review made at the end of 1995 shows that the health programme has contributed: (a) to the preparation and adoption of the National Health Development Plan (NHDP); (b) to the decentralization of the management of health services as part of the increase in community participation in the joint management and joint financing of the integrated health centres (IHC); (c) to bolstering the capabilities of the staff of the Ministry of Health to implement the NHDP; (d) to the revitalization of 33 IHCs covering some 23 per cent of the total population of the four target regions of the programme; (e) to the stepping up of activities to attain the intermediate objectives. Two hospitals were thus recognized as "baby-friendly hospitals". Moreover, in spite of the decline that occurred in the early 1990s, EPI coverage has again reached a satisfactory level; and (f) the reformulation of the national policy for combating diarrhoeal diseases prompted an increase in oral rehydration therapy (ORT) use from 25 per cent to 41 per cent.

9. The education programme has been instrumental in: (a) bolstering the capabilities of the planning unit at the Directorate of Studies and of School and University Planning; (b) the inauguration, on an experimental basis, of 16 primary education establishments with improved teaching conditions in terms of teaching material, curriculums, instruction and supervision; and (c) the participation of parents' associations in the joint management of those establishments.

10. The advocacy programme has facilitated: (a) the ratification of the Convention on the Rights of the Child; (b) the development of the National Action Plan (NAP) for children; and (c) the creation of an interministerial committee responsible for monitoring the implementation of the Convention. In addition, the programme for monitoring the situation of children and women provided the opportunity for setting up an analysis unit within the Ministry of Planning. That unit coordinated the implementation of a number of studies, in particular concerning early pregnancies and the prompt assessment of the vulnerability of the target groups in Brazzaville.

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Lessons drawn from recent cooperation

11. The country programme was hampered by: (a) the low level of mobilization of supplementary funding; (b) the fact that the governmental services responsible for project implementation had no operating budget; (c) the difficult working conditions of the national partners which affected their motivation and availability; and (d) delays in the posting of operational staff (administrative, legal, management, environment, and so forth) in certain sectors, particularly the health sector.

12. Furthermore, the implementation of the cooperation programme was delayed by the socio-political events that took place in the country during the 1993-1994 period. This necessitated an "adaptive" approach to planning whereby opportunities could be seized while, at the same time, taking into account the prevailing crisis situation. The successes and constraints showed that in planning and implementing the programme more emphasis should be placed on the following principles: (a) national capacity-building and greater accountability of partners at the national, intermediate and peripheral levels; (b) community participation in the management of activities; (c) accelerated basic services coverage in urban areas, particularly in Brazzaville, in view of the rapidly deteriorating socio-economic situation and the high degree of urbanization; (d) accelerated integration of vertical activities (EPI, ORT) into the activities of the IHCs; (e) promotion of affordable high-quality services for those in greatest need; and (f) greater awareness of the needs, priorities and participation of women in the planning process.

RECOMMENDED PROGRAMME COOPERATION

Estimated annual expenditure

(In thousands of United States dollars)

	<u>1997</u>	<u>1998</u>	<u>Total</u>
<u>General resources</u>			
Primary health care	705	690	1 395
Basic education	133	123	256
Planning, monitoring and advocacy	27	38	65
Programme support	<u>135</u>	<u>149</u>	<u>284</u>
Subtotal	<u>1 000</u>	<u>1 000</u>	<u>2 000</u>
<u>Supplementary funds</u>			
Primary health care	250	245	495
Basic education	270	280	550
Planning, monitoring and advocacy	<u>80</u>	<u>75</u>	<u>155</u>
Subtotal	<u>600</u>	<u>600</u>	<u>1 200</u>
Total	<u>1 600</u>	<u>1 600</u>	<u>3 200</u>

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Aim, objectives and strategies of the programme

13. The proposed programme is an interim programme covering a two-year period. Its objectives are in harmony with those of the Government's three-year programme for 1996-1998. In the longer term, it is part of the implementation of the Convention on the Rights of the Child and of the NAP. It is also part of the implementation of the United Nations System-wide Special Initiative on Africa and it draws on recommendations adopted at the recent economic and social summits. The option of short-term cooperation was chosen because the continuing political and social crisis of recent years made longer-term planning hazardous, and because of a desire to synchronize the programming cycles of UNICEF, the United Nations Development Programme and the United Nations Population Fund.

14. The proposed programme is an extension of the earlier cooperation programme and its purpose essentially is to increase high-quality health-care and primary education coverage in geographical convergence zones. It is also intended to develop advocacy in favour of the adoption and implementation at the national level of specific measures to implement the Convention on the Rights of the Child. The programme will attain its objectives by means of the following strategies: (a) national capacity-building achieved, *inter alia*, by increasing technical support for national management personnel in order to enhance their expertise; (b) decentralization of the implementation of activities; (c) empowerment of communities and, in particular, enhancement of the role of women; (d) advocacy and social mobilization; (e) emphasis on quality and efficiency in the process of extending basic services; (f) increased partnership and complementarity with other development partners in order to expedite the geographical extension of services; and (g) the quest for long-term means of increasing the mobilization of funds for the benefit of the social sectors.

Primary health care

15. The objective of the programme is to support the Government in implementing the NHDP. This objective will be achieved by means of a project - strengthening of health districts (SHD) - whose geographical coverage though limited as yet is progressively expanding, and two projects with a national coverage, EPI and the promotion of ORT. The following strategies will provide the means of attaining the objective: (a) capacity-building at all levels for the implementation of the NHDP; (b) promotion of community health; (c) strengthening of the minimum package of activities (EPI, ORT, sexually transmitted diseases-AIDS, nutrition, and so forth) and the qualitative improvement of services provided by the IHCs; and (d) progressive integration of the human, intellectual and material resources in the EPI and ORT projects into the SHD project as the latter develops.

Basic education

16. UNICEF will help the Government improve access to, and the quality of, basic education in the areas involved (nationally and the districts of Lekana-region de Plateaux, Poto Poto and Bacongo-Brazzaville) so as to: (a) increase the present net enrolment ratio by 10 per cent while reducing the disparity between boys and girls by half; (b) improving the success rate on achievement tests by 25 per cent while eliminating any disparity between boys and girls; and

(c) achieving a global repetition rate of less than 20 per cent while maintaining parity between boys and girls. The strategies for this programme include: (a) increased participation by parent-teacher associations and increased representation of women in community decision-making bodies; (b) social mobilization and training to promote grass-roots involvement in the joint management and financing of establishments; and (c) the preparation and utilization of assessment charts to measure what has been learned following the introduction of new teaching methods. The education programme will have two supplementary projects: (a) national capacity-building in respect of basic education planning in order to improve the management of the data necessary for defining and assessing basic education policies; and (b) the development of a new approach to teaching which will continue experimenting in the primary and nursery schools with the management model based on community participation and successful learning.

Planning, monitoring and advocacy

17. This programme seeks to: (a) develop the capability of the monitoring and analysis unit of the Ministry of Planning to collect, process, analyse and disseminate statistics concerning the situation of children and women; (b) evaluate the progress and promote the implementation of the Convention on the Rights of the Child and of the Convention on the Elimination of All Forms of Discrimination against Women; and (c) strengthen approaches to community dynamics. The two projects under this programme are: (a) planning and monitoring; and (b) advocacy.

Cooperation with other agencies

18. Operational links between UNICEF and the World Health Organization, the World Bank, the European Union and the French and German cooperation services will be strengthened. Emphasis will be placed on integration and harmonization of approaches and on complementarity in the field. Consultation and cooperation with non-governmental organizations will be strengthened. An effort will be made to develop a more effective partnership network around the basic education programme.

Programme management

19. The cooperation programme is being coordinated by the Ministry of Foreign Affairs with the close technical collaboration of the Ministry of Planning and Finance. UNICEF will provide technical and operational support to the country programme.

Mobilization of funding

20. A funding strategy will be drawn up in order to mobilize the required supplementary funding. A major effort will be made to: (a) inform decision makers and partners of the programme's achievements, potential and resource requirements; (b) prepare and submit specific requests to potential donors; (c) collaborate very closely with major partners such as the World Bank, the European Union, and the French and German cooperation services; and (d) explore the possibilities for local fund-raising.

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TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS A/								STAFF COSTS B/ (In thousands of US dollars)				
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	MP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	1,395			1,395	0	0	0	1	0	0	1	0	0	1	337.8	0.0	337.8
BASIC EDUCATION	256			256	0	0	0	0	0	0	0	1	0	1	0.0	129.9	129.9
PLANNING, MONITORING AND ADVOCACY	65			65	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	284			284	0	0	0	0	0	0	0	1	5	6	0.0	219.2	219.2
TOTAL GR	2,000			2,000	0	0	0	1	0	0	1	2	5	8	337.8	349.1	686.9
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE	0	495		495	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION	0	550		550	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING, MONITORING AND ADVOCACY	0	155		155	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	0	0		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF	0	1,200		1,200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR & SF	2,000	0	1,200	3,200	0	0	0	1	0	0	1	2	5	8	337.8	349.1	686.9
ADM. & PROGRAMME SUPPORT BUDGET				390.4													
Operating costs					0	0	1	1	1	0	3	2	8	13	1,013.0	706.5	1,719.5
Staffing					0	0	1	2	1	0	4	4	13	21	1,350.8	1,055.6	2,406.4
GRAND TOTAL (GR+SF+ADM)																	
Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)																	
											4	4	13	21	1,350.8	1,055.6	2,406.4

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.